

**COMMERCIAL HORSESHOE CRAB HAND HARVEST
FISHING LICENSE APPLICATION**

EPLR-31 Rev. 1/2007



OFFICE USE ONLY

Type(s) _____
Plate No.(s) _____
Serial No.(s) _____
Date Issued _____
Fee _____

(1) FOR CALENDAR YEAR _____

☐ (2) NEW PERMIT

☐ (3) RENEWAL (Plate No.) _____

IMPORTANT: Follow the directions on page 2 carefully. **Incomplete applications will be returned.**

MAIL TO: Dept. of Environmental Protection, License & Revenue Unit, 79 Elm St., Hartford, CT 06106

(4) FEIN / SS#

(5) First Name Middle Initial Last Name	(6) Birth Date (MM/DD/YYYY)	(7) Place of Birth	
(8) Residence Address	(9) Home or Business Phone		(10) Height
	(11) Weight	(12) Eye Color	(13) Hair Color
(14) Mailing or Business Address	(15) Conch License Number		
	(16) E-Mail Address		

Check the types of licenses for which you are applying.

☒ Type of License _____ Fee _____

☐ **Resident Commercial Horseshoe Crab Fishing License.....\$150.00**
Take horseshoe crabs by hand during the open season.

(15) DEPT. OF AGRICULTURE CONCH LICENSE # _____

☐ **Non-Resident Commercial Horseshoe Crab Fishing License\$200.00**
Take horseshoe crabs by hand during the open season.

(15) DEPT. OF AGRICULTURE CONCH LICENSE # _____

IMPORTANT: This license is issued only to persons who held a Conch License issued by the Department of Agriculture between January 1, 1995 and July 1, 2000. In addition, holders of this license must also possess a current Horseshoe Crab Hand-Harvest Endorsement Letter issued by the Department of Environmental Protection, to engage in the hand-harvest harvest of horseshoe crabs. These letters are mailed to past license holders that meet certain qualifying criteria. Contact the DEP Marine Fisheries Division at 860-434-6043 for more information.

Make check / money order payable to *DEPARTMENT OF ENVIRONMENTAL PROTECTION*.

Please remit a total fee of \$ _____

By signing this application, I agree that at any time and without delay, I shall permit any law enforcement officer to board any of my vessels and enter upon my premises to inspect the catch, nets, traps, and other devices used for taking or holding finfish, lobsters, crabs, squid, or sea scallops to determine compliance with Title 26 of the General Statutes, as amended. I understand that any person making a written false statement on this form shall be subject to arrest as provided for in Sec. 53a-157b of the General Statutes as amended. I declare that my right to obtain the license or registration applied for is not void or under suspension.

Signed (Applicant)

Company and Title (if applicable)

Date

Instructions for the commercial horseshoe crab fishing License Application

The Commercial Horseshoe Crab Fishing License is intended to provide information on marine resource use in Connecticut and its adjoining coastal waters. Carefully follow all of the instructions on this page. The form **MUST** be completed in its entirety. Incomplete applications **WILL BE** returned and the issuing of your license will be delayed.

Renewal applications will be mailed to you in November. With your license you will receive instructions for notifying the DEP License and Revenue Office in the event that your address, vessel, or other information changes during the year.

Explanatory Notes for Completing the Application

1. **CALENDAR YEAR** - Enter the fishing year for which the application is being made.
2. **NEW LICENSE** - Mark an "X" in the box if you are applying for a new license.
3. **RENEWAL** - Mark an "X" in the box and indicate your plate number(s) if you are renewing a license.
4. **FEIN/SS#** - Enter Federal Employee Identification Number or Social Security Number.
5. **NAME OF APPLICANT** - Enter the name of the person to be licensed or with whom the registration will be identified.
6. **BIRTH DATE** - Enter applicant's date of birth.
7. **PLACE OF BIRTH** - Enter the city and state of birth. If born in another country, enter the city and country.
8. **RESIDENCE ADDRESS** - Enter the street number, apartment number if applicable, and the city, state, and zip code.
9. **HOME OR BUSINESS PHONE** - Enter the telephone number, including area code. Enter *NONE only* if you have no phone.
10. **HEIGHT** - Enter height in feet and inches.
11. **WEIGHT** - Enter weight in pounds.
12. **EYE COLOR** - Enter eye color.
13. **HAIR COLOR** - Enter hair color.
14. **MAILING OR BUSINESS ADDRESS** - Enter mailing address if different from residence address.
15. **CONCH LICENSE NUMBER** - Enter the license number issued to you by the Connecticut Department of Agriculture permitting the harvest of conch.
16. **E-MAIL ADDRESS** - Enter e-mail address.

*Please be complete
Incomplete applications will be returned and you will be delayed in obtaining your permit*

Return the completed form to:

**Dept. of Environmental Protection
License and Revenue Unit
79 Elm St.
Hartford, CT 06106**

If you have any questions, call:

**DEP License & Revenue
860.424.3105
DEP Marine Fisheries Division
860.434.6043**



STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



Declaration of Protected Class

Section 1-217 of the Connecticut General Statutes prohibits public agencies from disclosing, under the Freedom of Information Act, the residential address of any of the following people:

- (1) A federal court judge, federal court magistrate, judge of the Superior Court, Appellate Court or Supreme Court of the state, or family support magistrate;
- (2) A sworn member of a municipal police department, a sworn member of the Division of State Police within the Department of Public Safety or a sworn law enforcement officer within the Department of Environmental Protection;
- (3) An employee of the Department of Correction;
- (4) An attorney-at-law who represents or has represented the state in a criminal prosecution;
- (5) An attorney-at-law who is or has been employed by the Public Defenders Division of a social worker who is employed by the Public Defender Services Division;
- (6) An inspector employed by the Division of Criminal Justice;
- (7) A firefighter;
- (8) An employee of the Department of Children and Families;
- (9) A member or employee of the Board of Pardons and Paroles;
- (10) An employee of the judicial branch; or
- (11) A member or employee of the Commission on Human Rights and Opportunities.

In order to comply with this law and the Freedom of Information Act (requests for addresses in the marine license database), the Department must identify members of the above listed protected classes. If you are a member of one of these groups and have supplied your resident address as your mailing address on the application for your marine fishing license, complete this form and mail it to:

DEP Marine Fisheries Division
PO Box 719
Old Lyme, CT 06371

☐ I, _____, born on _____ am a member of one of the protected groups listed above.

Please note that business addresses are not protected under this statute.

By signing this form, I understand that any person making a written false statement on this form shall be subject to arrest as provided for in Sec. 53-157b of the Connecticut General Statutes and may be subject to fine or imprisonment.

Signature: _____ Date: _____

For further information, contact the DEP Marine Fisheries Division, P.O. Box 719, Old Lyme, CT 06371 or by telephone at 860.434.6043 between the hours of 8:30 AM and 4:30 PM, Monday through Friday.